Exhibit B

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		25:29 1Page 2 of 2
Name of Debtor:	Case Number:		Schedule/Claim ID s31564
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification
OSA Commercial Mortgage Company	00-107	2J-LDN	\$400.19 Unsecured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address: 113212400 GREGORY D YONAI FAMILY TRUST C/O GREGORY D YONAI TRUSTEE 1982 COUNTRY COVE CT LAS VEGAS, NV 89135-1552 Creditor Telephone Number (101) 233 - (444)	00916	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which créditor identifies	debtor:	Check here replain or if this claim amer	Ces a proviously filed claim detail
1. BASIS FOR CLAIM	Dette :		
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages, Last four	penefits as defined in 11 U.S salaries, and compensation (r digits of your SS #: compensation for services pe	(fill out below) Other claims against servicer (not for loan balances)
	J., p	po	(date) (date)
2. DATE DEBT WAS INCURRED: 9-15-2005 3. IF COURT JUDGMENT, DATE OBTAINED:			
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of you entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		a right of setoff). Brief description of	
entitled to priority. Amount entitled to priority \$ Specify the priority of the claim:		Value of Collateral: Amount of arrearage ar secured claim, if any:	nd other charges at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		services for personal, family, o Taxes or penalties owed to go	rd purchase, lease, or rental of property or r household use -11 U.S.C. § 507(a)(7). vernmental units - 11 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	* Amounts are subject to adjus	graph of 11 U.S.C. § 507(a) (). Itment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	400	. 19 \$	\$ 400.19
AT TIME CASE FILED: (unsecured)		secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
 CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SENDORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. 			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT			
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorney).	BY HAND BMC Grod Attn: USA 1330 Eas El Segund creditor or	ng Pacific time, on Novembons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO up ICM Claims Docketing Cente t Franklin Avenue do, CA 90245	nd USE ONLY
Penalty for presenting fraudulent claim is a filte of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. \$\$ 152 AND 3571			

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